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**INTENT TO FILE A CLAIM**

Dear Carrier

This is to advise you that this is our formal intent to file a loss and damage claim to recover any loss which may have occurred, involving the following shipment.

In addition, if a damage is involved, this is our Request for Inspection. Please arrange for an inspection within 5 days and complete the inspection within 15 days. If the inspection is not completed within the allotted time, we assume you have waived your right to an inspection and we will complete and submit a Self-Inspection as a part of the claim documentation.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Shipment Information | | | | | | | | | | | | | | | | |
| Ship Date: |  | | | | Received Date: |  | | | Carrier: | |  | | | | | |
| Freight Bill Pro # | | |  | | | | Type of Exception: | | | | |  | | | | |
| Product Involved: | | | |  | | | Estimated Claim Amount: | | | | | |  | | | |
| Description of Damages or Loss | |  | | | | | | | | | | | | | | |
| Disposition | |  | | | | | | | | | | | | | | |
| Shipper: | |  | | | | | | | | | | | | | | |
| City: | |  | | | | | | State: | |  | | | | Zip: |  | |
| Consignee: | |  | | | | | | | | | | | | | | |
| City: | |  | | | | | | State: | |  | | | | Zip: | |  |
| Signed | |  | | | | | | Title | |  | | | | Date | |  |
| POC Phone and Email | |  | | | | | |  | |  | | | |  | |  |
|  | | | | | | | | | | | | | | | | |

We are in the process of accumulating the required documentation. If a claim is appropriate, a formal claim will be filed.

A copy of this Notice of Intent to File Claim and Request for Inspection will be included with the claim.

Very truly yours,

Claims Manager